

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMAGER REGISTRATION ERROR AND CHROMATIC ABERRATION MEASUREMENT SYSTEM FOR A VIDEO CAMERA, the specification of which is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_\_ as  
United States Application Number or PCT International Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Not Claimed

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

☐

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

☐

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Paul F. Prestia	Reg.No. 23,031	Robert L. Andersen	Reg.No.25,771	Louis W. Beardell, Jr.	Reg.No. P40,506
Allan Ratner	Reg.No. 19,717	Lawrence E. Ashery	Reg.No. 34,515	Ian M. Hughes	Reg.No. P41,083
Andrew L. Ney	Reg.No. 20,300	Christopher R. Lewis	Reg.No. 36,201	Basil S. Krikelis	Reg.No. P41,129
Kenneth N. Nigon	Reg.No. 31,549	Steven E. Koffs	Reg.No. 37,163		
Kevin R. Casey	Reg.No. 32,117	Allan M. Wheatcraft	Reg. No. 36,307		
Guy T. Donatiello	Reg.No. 33,167	Anthony Grillo	Reg.No. 36,535		
Benjamin E. Leace	Reg.No. 33,412	Leon Nigohosian, Jr.	Reg.No. 39,791		
James C. Simmons	Reg.No. 24,842	Jonathan M. Waldman	Reg.No. P40,861		

Address all correspondence to: Kenneth N. Nigon

Ratner & Prestia, Suite 301, One Westlakes, Berwyn, P.O. Box 980, Valley Forge, PA 19482-0980

Address all telephone calls to: Kenneth N. Nigon at (610) 407-0700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Lee Robert Dischert

Inventor's signature Lee Robert Dischert

Date 5-15-97

Residence 14 Bloomer Drive, Burlington, NJ 08055

Citizenship U.S.A.

Post Office Address 14 Bloomer Drive

Burlington, NJ 08055

Full name of second joint inventor, if any (given name, family name) Robert J. Topper

Second Inventor's signature Robert J. Topper

Date 5-15-97

Residence 131 Crooked Billet Road, Hatboro, PA 19040

Citizenship U.S.A.

Post Office Address 131 Crooked Billet Road

Hatboro, PA 19040



Additional inventors are being named on separately numbered sheets attached hereto.

Full name of third joint inventor, if any (given name, family name) Thomas J. LeachThird inventor's signature Thomas J. LeachDate 5/15/97Residence 11 Colleen Ct., Medford, NJ 08055Citizenship U.S.A.Post Office Address 11 Colleen Ct.  
Medford, NJ 08055

Full name of fourth joint inventor, if any (given name, family name) \_\_\_\_\_

Fourth inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_  
\_\_\_\_\_

Full name of fifth joint inventor, if any (given name, family name) \_\_\_\_\_

Fifth inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_  
\_\_\_\_\_

Full name of sixth joint inventor, if any (given name, family name) \_\_\_\_\_

Sixth inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_  
\_\_\_\_\_

Full name of seventh joint inventor, if any (given name, family name) \_\_\_\_\_

Seventh inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_  
\_\_\_\_\_